

**Statement of  
Michael W. Murphy, Ph.D.  
Medical Center Director, Grand Junction VA Medical Center  
before the  
Committee on Veterans Affairs  
United States Senate  
Grand Junction, Colorado, Field Hearing  
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I would like to express my sincere appreciation for Senator Salazar's interest and concern for the veterans we are privileged to serve and look forward to working with him wherever possible to make improvements in our health care delivery. Thank you for this opportunity to speak today on behalf of the Grand Junction VA Medical Center (VAMC).

The Grand Junction VAMC is a part of the VA Rocky Mountain Network (VISN 19), which includes six facilities in Utah, Montana, Colorado and Wyoming. The facilities in Denver and Salt Lake City serve as tertiary referral hospitals for the VISN.

The Grand Junction VAMC consists of one facility located in the city of Grand Junction, Colorado, and one Community Based Outpatient Clinic in Montrose, Colorado. The VAMC provides services to 37,000 veterans residing in fifteen counties on the Western Slope and two counties in southeastern Utah. The main patient building was constructed during the period of 1947-1949. A Nursing Home Care Unit was added in 1975 and currently functions as a 30-bed rehabilitative long term care facility. A two-story outpatient clinical addition was completed in 1988.

The VAMC is a Complexity Level IV facility, which celebrated its 50<sup>th</sup> year of service to veterans in 1999. It operates 53 beds comprised of 23 acute care and 30 Transitional Care Unit beds. The VAMC provides primary and secondary care including acute medical, surgical and psychiatric inpatient services, as well as a

full range of outpatient services. Specialized programs include a Mental Health Care Center, substance abuse treatment, same day surgery, observation beds, computerized tomography (CT) and mobile MRI imaging. Patients requiring tertiary care are transferred to Denver or Salt Lake City.

When necessary and appropriate, hospitalization and specialty care are provided locally on a contract or fee for service basis. Through an agreement with local St. Mary's Hospital, the largest healthcare facility on the Western Slope, we obtain radiation therapy and other specialized medical services. The VAMC benefits from scarce medical specialty agreements with community specialists who provide urology, ophthalmology, ENT, orthopedic, neurology and podiatry services. These agreements enable us to provide a spectrum of care and services, which far surpasses comparably sized VA medical centers.

The VAMC was the recipient of the 2001 Presidential Award for Quality and the 1999 Robert W. Carey Quality Award Trophy. These achievements are especially noteworthy because both were earned upon the first application. Of further note, it is the first and only organization ever in VA to earn the Presidential Award for Quality.

The Colorado counties in our patient service area (PSA) extend northward from the medical center nearly 200 miles to the Wyoming border, southward approximately 150 miles to the northern borders of the counties of Montezuma, La Plata and Archuleta and 190 miles east into the Rocky Mountains. Montezuma, La Plata and Archuleta, formerly assigned to Grand Junction and VISN 19, were reassigned to VISN 18 in the latter 1990s. Grand Junction's approximately 40,000 square mile PSA is primarily rugged, isolated, mountainous terrain, made all the more difficult in winter. We have continuously been aware of and managed our planning efforts to include such considerations for veterans residing in the remotest reaches of our PSA.

Also in the 1996-1997 timeframe, VISN 19 initiated a comprehensive strategic planning process with all its VAMCs which resulted in a mutual decision with the Grand Junction VAMC that we would prepare a business plan proposal for a community based outpatient clinic (CBOC) in Montrose, Colorado. This decision, made after reviewing other areas of our PSA, including northwest Colorado, was based upon VA planning guidelines in place at that time that included thresholds for veteran population and projected users. Montrose was projected to serve a five-county area comprised of Delta, Gunnison, Montrose, Ouray and San Miguel, in our southwestern PSA. A total of 8,045 veterans resided in this area at that time and has since grown to 9,599. By comparison, total veteran population in northwest Colorado, comprised of the counties of Moffat, Rio Blanco and Routt, was 3,491 in 1996 and is currently 3,597.

Our Montrose CBOC proposal was ultimately approved by the Secretary of Veterans Affairs in 1998, endorsed by Congress, and the clinic opened in January 1999. It has been successful to date, meeting the needs of underserved veterans in the CBOC's five-county service area.

During VHA's national effort to realign existing resources with current and projected needs, known as the Capital Asset Realignment for Enhanced Services (CARES) planning process, we participated with VISN 19 once again to conduct extensive strategic planning which included analysis of potential sites for CBOCs. None were identified for the Western Slope based on current guidelines for veteran population and the number of projected users.

VA CBOC planning guidelines, contained in VHA Handbook 1006.1, released in 2004, continue to emphasize need based upon veteran population, focusing in particular on the number of veterans, enrollees and actual users in the Priority 1-6 (P1-6) levels. Current P1-6 veteran data show northwest Colorado, comprised of Moffat, Rio Blanco and Routt County, have low numbers overall that do not appear to support development of a CBOC business plan. The dispersal of the

veteran population, totaling 3,597, across approximately 10,325 square miles adds to the difficulty in achieving effective, efficient delivery of VA care.

Although the veteran numbers in northwest Colorado are low, demographics alone are not the sole criteria. Other barriers including distance to existing VA care sites, adverse weather conditions, hazardous roads and medically underserved areas must also be factored into the decision process. Regardless, business plans, when submitted, ultimately require approval by the Secretary of Veterans Affairs based upon a comprehensive assessment of how all planning criteria are met. The Grand Junction VAMC will continue to work with VISN 19 to develop proposals for CBOCs in rural areas such as northwest Colorado so they can be evaluated and prioritized within available resources.

In summary, we agree that veterans should not have to forego their benefits or access as a function of where they live. The Grand Junction VAMC remains eager to discuss possible alternative delivery methods that are within our resources and within applicable VA regulations and guidelines.

This concludes my statement on behalf of the Grand Junction VAMC. Once again, I thank Senator Salazar for his interest and concern for the welfare of our veterans and their access to health care. I will be happy to answer any your questions.